

**SECTION FOUR**  
**SCHOOL SITE INFORMATION**  
 (COMPLETE SEPARATE PAGE FOR EACH SITE)

<b>Site Name:</b>		<b>Site CTDS #</b>	
<b>Physical Address:</b> _____ <div style="text-align: center; margin-top: -10px;">Street</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 25%;">_____</div> <div style="width: 45%;">_____</div> <div style="width: 25%;">_____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: -10px;"> <div style="width: 25%;">Zip</div> <div style="width: 45%;">City</div> <div style="width: 25%;">State</div> </div>			
<b>Site Contact Person:</b>		<b>Title:</b>	
<b>Site Phone #</b>		<b>Site Fax #</b>	
<b>Site Email Address:</b>			
<b>School District(s) in which site is located:</b>			

**This site is: (Check one only)**

- ☐ Day Program Only
- ☐ Residential School Only

**\*\* Submit a separate page for each individual day program and residential treatment program (s) \*\***

**Was this site approved for the 2008-2009 school year?** ☐ YES ☐ NO

**\*\* If "NO", site must be inspected by ADE before final approval will be given. \*\***

**Check all grades to be served at this site:**

- ☐ PreSchool    "Description of Service Delivery" form must be completed and submitted to be approved for this grade level.
- ☐ Kindergarten
- ☐ First

☐ Fourth

☐ Seventh

☐ Tenth

☐ Second

☐ Fifth

☐ Eighth

☐ Eleventh

☐ Third

☐ Sixth

☐ Ninth

☐ Twelfth